FILED Apr 04, 2000 8:00 am Secretary of State

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT	#	V1	1528
 Entity Name 		- ,	

HOPKINS INTERNATIONAL PUBLISHING, INC.

						04-04-2000	90038	020 ***150	0.00
Principal Plac	e of Business	Mailing Address							
10211 W. SAMI	PLE ROAD	10211 W. SAMPLE ROAD							
106 CORAL SPRING	\$ FI 23065	106 CORAL SPRINGS FL 33065-39	88)					
US	30 16 33003	US	00		4.1884		## 1 # 10 #1# 10	Acatt Atac: 5:5:: et	
2. Principal P	Place of Business	3. Mailing Address					fi idii didii		
'	W. Sunrise Blud.	10141 W. SL	inrise E	Slud	1 18811	ONIBOT MODE MODE BUILD MO	ii ich eich	eleki bibil bibil ek	811 81811 1881
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRI	TE IN TH	IS SPACE	
City & State	<u>e 104</u>	Swite 104		}	4. FEI Num	har			pplied For
Pla	intation, FL	City & State Plante	ation,	FL	- FEI (NUIII	65-039890)7	├	lot Applicable
Zip 33	322 Country USA	Zip 33322_	Country	,	5. Certifica	te of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current F			` <u> </u>	7. Name ar	nd Address of New F	legistere	d Agent	
			Name	Ho	pkins	Linda	C.		
1	KINS, LINDA C.			ddress (F	O. Box Numi	ber is Not Acceptabli	e)	·	
	I1 W. SAMPLE ROAD . 106		1014	H	3 · Sun	risk Blue	4		
	IAL SPRINGS FL 33065		50	<u> aite</u>	104				
	/		City	Plan	1 tati	e n	F	L Zip Coc	3322
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	r registere	ed agent, or b	oth, in the State of FI	orida.		
								3/28/	
SIGNATURE .	Signature, typed or printed name of registred agent ar		A C. Holi egistered Agent signat			ESIDENT	DATE		2000
<u> </u>	Signature, typed or printed harne or registered agent at	- _T			wilen (amstannis)				
1	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 2000				lection Campaign Fi	_		00 May Be
	ria on back)	Make Check Payable			te T	rust Fund Contribution	ın.	☐ Adde	d to Fees
11.	OFFICERS AND D	DIRECTORS	12.		ADDITION	S/CHANGES TO OF	FICERS A		RS IN 11
TITLE	PD	☐ Delete	TITLE	PD		was C		Change	Addition
NAME STREET ADDRESS	HOPKINS, LINDA C.	00	NAME STREET ADDRESS	HOPK	LIND, C	INDA C unrisc Blu	4. #	104	
CITY-ST-ZIP	10211 W. SAMPLE ROAD, STE. 1 CORAL SPRINGS FL	vo ·	CITY-ST-ZIP	ממוסו	tation	FL 333	322		
TITLE	VPD VPD	☐ Delete	TITLE	VPD	tioci · or	FL 333		Change	☐ Addition
NAME	GONZALEZ, VENTURA		NAME	LOM.	ZALEZ	,, DEMTOR	u		
STREET ADDRESS	10211 W. SAMPLE ROAD, STE. 1	06			1 103 143 -			13165	
CITY-ST-ZIP	-CORAL SPRINGS FL		CITY -ST - ZIP	COF	ear Si	PRINGS F	· <u>L</u>	☐ Change	☐ Addition
TITLE NAME		☐ Delete	NAME	}				[_] Gliange	[] Addition
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
. TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE	 				☐ Change	☐ Addition
NAME			NAME					_ ,	
STREET ADDRESS			STREET ADDRESS	1					

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

PRESIDENT

<u> 3/28/2004</u>

954 344 032

☐ Addition

aytıme Phone #

☐ Change